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## BIB DATA SHEET

CONFIRMATION NO. 9837

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/615,884	07/08/2003 RULE	600	3762	CIT-3870-915	
<b>APPLICANTS</b> Morteza Gharib, San Marino, CA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/459,074 03/31/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 10/03/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/REX R HOLMES/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Law Office of Scott C Harris Inc PO Box 1389 Rancho Santa Fe, CA 92067 UNITED STATES					
<b>TITLE</b> Noninvasive methods for assessing valvular and ventricular dysfunction					
<b>FILING FEE RECEIVED</b> 434	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	